Keenan							RENEWAL	2021
		Murrieta	│ Valley Unified School	District				
			2021-2022 Plan Year	District				125
			Summary of PPO Plans					
ffective Date		2021	7/1/2021			2021		2021
Renewal Date	PPO HSA1500 - \$15/40/80 Rx		Anthem Blue Cross PPO HSA3000 - \$15/40/80 Rx In-Network Out-of-Network		Anthem Blue Cross Essentials Plan In-Network Out-of-Network		Anthem Blue Cross PPO MVP - \$19/50/75 Rx  In-Network Benefits Out-of-Network Benefits	
Carrier Name Plan Name								
				0	li.	IV.	Holinein Belleine	Total of Hotelson Dollars
Annual Deductible/Individual	\$1,500 medical/prescription/MH-SA in/out of network combined	\$1,500 medical/prescription/MH-SA in/out of network combined	\$3,000 medical/prescription/MH-SA in/out of network combined	\$3,000 medical/prescription/MH-SA in/out of network combined	\$1,250	\$1,250	\$5,900	\$11,800
Annual Deductible/Family	\$3,000 medical/prescription/MH-SA in/out of network combined	\$3,000 medical/prescription/MH-SA in/out of network combined	\$6,000 medical/prescription/MH-SA in/out of network combined	\$6,000 medical/prescription/MH-SA in/out of network combined	\$3,750	\$3,750	\$11,800	\$23,600
Coinsurance	90%	70%	90%	70%	70%	50%	100% after the deductible has been satisfied	50%
Office Visit/Exam	90%	70%	90%	70%	\$40 copay; deductible waived	50%	\$35 copay; deductible waived first 3	50%
Outpatient Specialist Visit			90%	•		50%	visits/combined services \$35 copay; deductible waived first 3	50%
Annual Out-of-Pocket Limit/Individual	90% \$3,000	70% \$9,000	\$4,000	70% \$9,000	\$40 copay; deductible waived \$3,000 Rx not included	\$6.000 Rx not included	visits/combined services \$6.100 Rx not included	\$12.700 Rx not included
Annual Out-of-Pocket Limit/Individual Annual Out-of-Pocket Limit/Family	\$3,000	\$9,000	\$8,000	\$9,000	\$9,000 Rx not included	\$18,000 Rx not included	\$12,200 Rx not included	\$12,700 RX not included \$25,400 Rx not included
Lifetime Plan Maximum	Unlimted	Unlimted	Unlimited	Unlimited	Unlimited	Unlimted	Unlimited	Unlimited
Inpatient Hospitalization	90% after the deductible has been satisfied	70% plus \$500 admission fee after the deductible has been satisfied	90% after the deductible has been satisfied	70% plus \$500 admission fee after the deductible has been satisfied	70%	50%	100% after the deductible has been satisfied	50% plus \$500 admission fee after the deductible has been satisfied (waived
Emergency Room	90%	(waived for emergency) 90%	90%	(waived for emergency) 90%	70%	70%	100%	for emergency) 100%
	- Bi	1				2		4
lental Health/Substance Abuse Benefits Inpatient Care	90% after the deductible has been satisfied	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	90% after the deductible has been satisfied	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	70% (subject to utilization review; waived for emrgency admissions)	70% plus \$500 copay per admission (waived for emergency); additional \$250 copay if utilization review is not obtained	100% (subject to utilization review; waived for emergency admissions)	50% plus \$500 admission fee after th deductible has been satisfied (waived for emergency)
Physician Visit	90% after the deductible has been satisfied	70%	90%	70%	\$40 copay; deductible waived	50%	\$35 copay/visit with deductible waived for the first 3 visits	50%
cohol Abuse								
Inpatient Hospitalization	90% after the deductible has been satisfied	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	90% after the deductible has been satisfied	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	70% (subject to utilization review; waived for emrgency admissions)	70% plus \$500 copay per admission (waived for emergency); additional \$250 copay if utilization review is not obtained	100% (subject to utilization review; waived for emergency admissions)	50% plus \$500 admission fee after th deductible has been satisfied (waived for emergency).
Inpatient Detoxification Services	90% after the deductible has been satisfied	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	90% after the deductible has been satisfied	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	70% (subject to utilization review; waived for emrgency admissions)	50%	100% (subject to utilization review; waived for emergency admissions)	50% plus \$500 admission fee after th deductible has been satisfied (waived for emergency).
Physician Visit	90% after the deductible has been satisfied	70%	90%	70%	\$40 copay; deductible waived	50%	\$35 copay/visit with deductible waived for the first 3 visits	50%
Outpatient Detoxification Services	90% after the deductible has been satisfied	70%	90%	70%	70% (subject to utilization review; waived for emrgency admissions)	50%	100% (subject to utilization review; waived for emergency admissions)	50%
	Sausileu				waived for enrigericy admissions)	2	waived for emergency admissions)	7
Annual Deductible - Individual/Family	\$1,500/\$3,000 medical/prescription/MH-SA in/out of network combined	\$1,500/\$3,000 medical/prescription/MH-SA in/out of network combined	\$3,000/\$6,000 medical/prescription/MH-SA in/out of network combined	\$3,000/\$6,000 medical/prescription/MH-SA in/out of network combined	N/A	N/A	N/A	N/A
Annual Out-of-Pocket - Individual/Family	\$3,000/\$6,000	\$9,000/\$18,000	\$4,000/\$8,000	\$9,000/\$18,000	\$1,500/\$4,500	\$1,500/\$4,500	\$500/\$1,000	\$500/\$1,000
Generic	\$15 copay after deductible/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 copay after deductible/Tier 1 Pharmacy; \$15 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	Pharmacy; provided by ESI (see	\$15 copay/Tier 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)	\$19 copay/Tier 1 Pharmacy; \$19 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	
Brand (Formulary/Preferred)	\$40 copay after deductible/Tier 1 Pharmacy; \$40 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 copay after deductible/Tier 1 Pharmacy; \$40 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	Pharmacy; provided by ESI (see	\$50 copay/Tier 1 Pharmacy; \$50 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	prescription for a Tier 2 Pharmacy;	\$50 copay/Tier 1 Pharmacy; \$50 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	
Brand (Non-Formulary/Non-preferred)	\$80 copay after deductble/Tier 1 Pharmacy; \$80 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)	\$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)	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/Tier 2 Pharmacy + cost difference between generic and brand when	50% + an additional \$15 fee applies 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)	\$75 copay/Tier 1 Pharmacy; \$75 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	30 days	30 days	30 days	30 days	30 days
Mail Order Generic	\$30 copay after deductible;	No.	\$30 copay after deductible;	No.	#20id-11 5 C i i	N-t-	000	Net.
Brand (Formulary/Preferred)	provided by Express Scripts \$80 copay after deductible;	Not covered	provided by Express Scripts \$80 copay after deductible;	Not covered	\$30 copay provided by Express Scripts	Not covered	\$38 copay provided by Express Scripts \$100 copay provided by Express	
Brand (Non-Formulary/Non-preferred)	provided by Express Scripts	Not covered	provided by Express Scripts	Not covered	\$100 copay provided by Express Scripts \$30 copay plus cost difference between	Not covered	Scripts	Not covered
	\$160 copay after deductible provided by Express Scripts	Not covered	\$160 copay after deductible; provided by Express Scripts	Not covered	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
ther Services and Supplies							11	
Chiropractic Services	90% limited to 24 visits/calendar year; phys/occ/chiro combined; i / t of et rk mbi ed	70% limited to 24 visits/calendar year; phys/occ/chiro combined; i / t of et rk mbi ed	90% limited to 24 visits/calendar year; phys/occ/chiro combined; i / t of et rk mbi ed	70% limited to 24 visits/calendar year; phys/occ/chiro combined; i / t of et rk mbi ed	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 yea

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.

Keenan								0004	
Americas							RENEWAL	2021	
		Murrieta '	Valley Unified School	District					
			2021-2022 Plan Year						
			Summary of PPO Plans						
Effective Date	7/	7/1/2021		7/1/2021		7/1/2021		7/1/2021	
enewal Date	Anthem	Anthem Blue Cross		Anthem Blue Cross		Anthem Blue Cross		Anthem Blue Cross	
arrier Name	PPO HSA150	PPO HSA1500 - \$15/40/80 Rx		PPO HSA3000 - \$15/40/80 Rx		Essentials Plan		PPO MVP - \$19/50/75 Rx	
lan Name	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Benefits	Out-of-Network Benefits	
ledical Premium*			1				Single	Employee & Spouse	
elta Dental PPO	\$1,804.70	\$1,804.70		\$1,642.24		\$2,171.38		\$814.41	
ision	\$121.78	\$121.78		\$121.78		\$121.78		\$121.78	
roup Life	\$16.69			\$16.69		\$16.69		\$16.69	
istrict Cap	\$7.00	\$7.00		\$7.00		\$7.00		\$7.00	
nployee Cost	-\$806.25			-\$806.25		-\$806.25		-\$806.25	
\$1,143.92		\$981.46		\$1,487.82		\$0.00	\$144.30		
Premiums below are based on an 8 hour	/ 100% Contract employee and Delta I	Dental PPO							
						·	Employee & Child(ren)	Family	
fedical Premium*							\$698.25	\$1,143.53	
elta Dental PPO					_		\$121.78	\$121.78	
ision						·	\$16.69	\$16.69	
Froup Life							\$7.00	\$7.00	
District Cap							-\$806.25	-\$806.25	
Employee Cost							\$29.29	\$470.16	