Keenan & Associates

RENEWAL 2021

Murrieta Valley Unified School District

2021-2022 Plan Year

Summary of PPO Plans

Effective Date	7/1/2021		7/1/2021		7/1/2021		**7/1/2021**	
Renewal Date	**Anthem Blue Cross**		**Anthem Blue Cross**		**Anthem Blue Cross**		Anthem Blue Cross	
Carrier Name	PPO HSA1500 - $15/40/80 Rx		PPO HSA3000 - $15/40/80 Rx		Essentials Plan		PPO MVP - $19/50/75 Rx	
Plan Name	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	In-Network Benefits	Out-of-Network Benefits
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 visits/combined services	50%
Outpatient Specialist Visit	90%	70%	90%	70%	$40 copay; deductible waived	50%	$35 copay; deductible waived first 3 visits/combined services	50%
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
Annual Out-of-Pocket Limit/Family	$6,000	$18,000	$8,000	$18,000	$9,000 Rx not included	$18,000 Rx not included	$12,200 Rx not included	$25,400 Rx not included
Lifetime Plan Maximum	Unlimted	Unlimted	Unlimted	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 (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%	50%	100% after the deductible has been satisfied	50% plus $500 admission fee after the deductible has been satisfied (waived for emergency)
Emergency Room	90%	90%	90%	90%	70%	70%	100%	100%
Mental 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 the 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%
Alcohol 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 the 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 the 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%
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)	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/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)	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)	$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)	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)	$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)	$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)	$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 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)	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)	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	30 days	30 days	30 days	30 days	30 days
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 deductible; 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; 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 year

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Plan Name	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	In-Network Benefits	Out-of-Network Benefits
Medical Premium*							**Single**	**Employee & Spouse**
Delta Dental PPO	**$1,804.70**		**$1,642.24**		**$2,171.38**		**$388.49**	**$814.41**
Vision	**$121.78**		**$121.78**		**$121.78**		**$121.78**	**$121.78**
Group Life	**$16.69**		**$16.69**		**$16.69**		**$16.69**	**$16.69**
District Cap	**$7.00**		**$7.00**		**$7.00**		**$7.00**	**$7.00**
Employee Cost	**-$806.25**		**-$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 Dental PPO								
							Employee & Child(ren)	**Family**
Medical Premium*							**$698.25**	**$1,143.53**
Delta Dental PPO							**$121.78**	**$121.78**
Vision							**$16.69**	**$16.69**
Group Life							**$7.00**	**$7.00**
District Cap							**-$806.25**	**-$806.25**
Employee Cost							**$29.29**	**$470.16**