



**Redlands Unified School District
Summary of MVP Plan Compare**

Effective Date	07/01/2020		07/01/2020
Carrier Name	Anthem Blue Cross		Kaiser Permanente Insurance Company
Plan Name	PPO MVP		HMO MVP w/Chiro
Eligible Class	Eligible Employees		Eligible Employees
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits
General Plan Information			
Annual Deductible/Individual	\$5,900	\$11,800	\$4,500
Annual Deductible/Family	\$11,800	\$23,600	\$9,000
Coinsurance	100% after the deductible has been satisfied	50%	60%
Office Visit/Exam	\$35 copay; deductible waived first 3 visits/combined services	50%	\$50 copay; after deductible
Outpatient Specialist Visit	\$35 copay; deductible waived first 3 visits/combined services	50%	\$50 copay; after deductible
Annual Out-of-Pocket Limit/Individual	\$6,100 Rx not included	\$12,700 Rx not included	\$6,000
Annual Out-of-Pocket Limit/Family	\$12,200 Rx not included	\$25,400 Rx not included	\$12,000
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited
Inpatient Hospital Services			
Inpatient Hospitalization	100% after the deductible has been satisfied	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	60% after deductible
Semi-Private Room & Board; Including Services and Supplies	100% after the deductible has been satisfied	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	60% after deductible
Emergency Services			
Emergency Room	100%	100%	\$250 copay; after deductible
Mental Health Benefits			
Inpatient Care	100% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waived for emergency admissions)	60% after deductible
Outpatient Care	\$35 copay/visit with deductible waived for the first 3 visits (Behavioral Health treatment for Autism or Pervasive Development disorders require pre-service review)	50%	\$50 copay; after deductible
Alcohol Abuse			
Inpatient Hospitalization	100% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waived for emergency admissions)	80% after deductible
Inpatient Detoxification Services	100% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waived for emergency admissions)	80% after deductible
Outpatient Services	\$35 copay/visit with deductible waived for the first 3 visits	50%	\$20 copay; deductible waived
Substance Abuse			
Inpatient Hospitalization	100% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waived for emergency admissions)	60% after deductible
Inpatient Detoxification Services	100% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waived for emergency admissions)	60% after deductible

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.



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	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits
Outpatient Services	\$35 copay/visit with deductible waived for the first 3 visits	50%	\$50 copay; after deductible
Prescription Drug Benefits			
Generic	\$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)	\$15 copay; deductible waived
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)	\$35 copay; after prescription deductible
Brand (Non-Formulary/Non-preferred)	\$30 after deductible /Tier 1 Pharmacy \$30 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 (see www.express-scripts.com for a list of pharmacies)	\$30 after deductible /Tier 1 Pharmacy \$30 copay after deductible + \$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
Mail Order			
Generic	\$38 copay provided by Express Scripts	Not covered	\$30 copay; deductible waived
Brand (Formulary/Preferred)	\$100 copay provided by Express Scripts	Not covered	\$70 copay; after prescription deductible
Number of Days Supply for Mail Order	90 days	N/A	100 days
Other Services and Supplies			
Chiropractic Services	\$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	\$10 copay; 30 visits/calendar year; provided through American Specialty Health

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