



## Redlands Unified School District

### Summary of 2017-2018 Anthem Blue Cross HMO Plans

Effective Date	07/01/2017	07/01/2017	07/01/2017
Renewal Date	07/01/2018	07/01/2018	07/01/2018
Carrier Name	<b>Anthem Blue Cross</b>	<b>Anthem Blue Cross</b>	<b>Anthem Blue Cross</b>
Plan Name	HMO 20 w/Chiro - \$250/500 Brand Deductible (\$15/40/80 Rx)	HMO 30 w/Chiro - \$250/500 Brand Deductible (\$15/40/80 Rx)	HMO 40 Select w/Chiro - \$250/500 Brand Deductible (\$15/40/80 Rx)
Eligible Class	Eligible Employees	Eligible Employees	Eligible Employees
<b>General Plan Information</b>			
Annual Deductible/Individual	\$0	\$0	\$500
Annual Deductible/Family	\$0	\$0	\$1,000
Coinsurance	100%	100%	100%
Office Visit/Exam	\$20 copay	\$30 copay	\$40 copay
Outpatient Specialist Visit	\$20 copay	\$30 copay	\$40 copay
Annual Out-of-Pocket Limit/Individual	\$500 Rx not included	\$500 Rx not included	\$1,500 Rx not included
Annual Out-of-Pocket Limit/Family	\$1,500 Rx not included	\$1,500 Rx not included	\$4,500 Rx not included
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited
<b>Inpatient Hospital Services</b>			
Inpatient Hospitalization	100%	100%	\$250 admit fee after deductible is met
Semi-Private Room & Board; Including Services and Supplies	100%	100%	100%
<b>Emergency Services</b>			
Emergency Room	\$100 copay waived if admitted	\$100 copay waived if admitted	\$100 copay waived if admitted
<b>Mental Health Benefits</b>			
Inpatient Care	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required
Outpatient Care	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required
<b>Alcohol &amp; Substance Abuse</b>			
<b>Inpatient Care</b>			
Inpatient Hospitalization	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required
Inpatient Detoxification Services	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required
<b>Outpatient Care</b>			
Outpatient Services	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required



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Eligible Class	Eligible Employees	Eligible Employees	Eligible Employees
<b>Prescription Drug Benefits</b>			
Prescription Drug Deductible	\$250 /500 Brand name only	\$250/500 Brand name only	\$250/500 Brand name only
Generic	\$15 copay (No Ded)/Tier 1 Pharmacy; \$15 copay (No Ded) + \$15/Tier 2 Pharmacy; provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$15 copay (No Ded)/Tier 1 Pharmacy \$15 copay (No Ded) + \$15/Tier 2 Pharmacy; provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$15 copay (No ded)/Tier 1 Pharmacy \$15 copay (No ded) +\$15/Tier 2 Pharmacy; provided by ESI (see www.express-scripts.com for a list of pharmacies)
Brand (Formulary/Preferred)	\$250 Individual/\$500 Family deductible, then; \$40 copay/Tier 1 Pharmacy; \$40 copay +\$15/Tier 2 Pharmacy; provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$250 Individual/\$500 Family deductible, then; \$40 copay/Tier 1 Pharmacy; \$40 copay +\$15/Tier 2 Pharmacy; provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$250 Individual/\$500 Family deductible, then; \$40 copay/Tier 1 Pharmacy; \$40 copay +\$15/Tier 2 Pharmacy; provided by ESI (see www.express-scripts.com for a list of pharmacies)
Brand (Non-Formulary/Non-preferred)	\$250 Individual/\$500 Family deductible, then; \$80 copay/Tier 1 Pharmacy; \$80 copay +\$15/Tier 2 Pharmacy; provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$250 Individual/\$500 Family deductible, then; \$80 copay/Tier 1 Pharmacy; \$80 copay +\$15/Tier 2 Pharmacy; provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$250 Individual/\$500 Family deductible, then; \$80 copay/Tier 1 Pharmacy; \$80 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
<b>Mail Order</b>			
Generic	\$30 copay (No deductible); provided by Express Scripts	\$30 copay (No deductible); provided by Express Scripts	\$30 copay (No deductible); provided by Express Scripts
Brand (Formulary/Preferred)	\$250 Individual/\$500 Family deductible, then; \$80 copay; provided by Express Scripts	\$250 Individual/\$500 Family deductible, then; \$80 copay; provided by Express Scripts	\$250 Individual/\$500 Family deductible, then; \$80 copay; provided by Express Scripts
Brand (Non-Formulary/Non-preferred)	\$250 Individual/\$500 Family deductible, then; \$160 copay; provided by Express Scripts	\$250 Individual/\$500 Family deductible, then; \$160 copay; provided by Express Scripts	\$250 Individual/\$500 Family deductible, then; \$160 copay; provided by Express Scripts
Number of Days Supply for Mail Order	90 days	90 days	90 days
<b>Other Services and Supplies</b>			
Chiropractic Services	\$10 copay 30 visits/calendar year; provided through American Specialty Health	\$10 copay 30 visits/calendar year; provided through American Specialty Health	\$10 copay 30 visits/calendar year; provided through American Specialty Health

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