

## Mt. San Jacinto Community College

Summary of Anthem PPO 500, PPO 750, PPO Essentials & PPO MVP Plans - All Employees



Carrier	Anthem Blue Cross		Anthem Blue Cross		Anthem Blue Cross		Anthem Blue Cross	
	Anthem Blue Cross PPO 500 90/70 - \$10/30/10 Rx + Cost Eligible Employees		PPO 750 - \$15/50/15 Rx + Cost Eligible Employees		PPO Essentials - \$15/50/15 Rx + Cost Eligible Employees		PPO MVP Eligible Employees	
Plan Name Benefit Summary								
					Liigible E	Imployees	Liigible	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
General Plan Information	4500	41.000	A750	41.500	41.050	41.050	<b>45.000</b>	411.000
Annual Deductible/Individual Annual Deductible/Family	\$500 \$1.500	\$1,000 \$3,000	\$750 \$2,250	\$1,500 \$4,500	\$1,250 \$3,750	\$1,250 \$3,750	\$5,900 \$11.800	\$11,800 \$23,600
Coinsurance	90%	70%	80%	60%	70%	50%	100% after the deductible has been satisfied	50%
Office Visit/Exam	\$30/Visit; deductible waived	70%	\$40/Visit; deductible waived	60%	\$40 copay; deductible waived	50%	\$35 copay; deductible waived first 3 visits/combined services	50%
Outpatient Specialist Visit	\$30/Visit; deductible waived	70%	\$40/Visit; deductible waived	60%	\$40 copay; deductible waived	50%	\$35 copay; deductible waived first 3 visits/combined services	50%
Annual Out-of-Pocket Limit/Individual	\$3,000 Rx not included	\$6,000 Rx not included	\$3,000 Rx not included	\$6,000 Rx not included	\$3,000 Rx not included	\$6,000 Rx not included	\$6,100 Rx not included	\$12,700 Rx not include
Annual Out-of-Pocket Limit/Family	\$9,000 Rx not included	\$18,000 Rx not included	\$9,000 Rx not included	\$18,000 Rx not included	\$9,000 Rx not included		\$12,200 Rx not included	\$25,400 Rx not include
Lifetime Plan Maximum	Unlimited	Unlimted	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Inpatient Hospital Services Inpatient Hospitalization	90%	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	80%	60% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	70%	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	100% after the deductible has been satisfied	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)
Semi-Private Room & Board; ncluding Services and Supplies	90%	70%	80%	60%	70%	50% plus \$500 admission fee after the deductible has been satisfied (waived for	100% after the deductible has been satisfied	50% plus \$500 admission fee after the deductible has been satisfied (waived for
Emergency Services Emergency Room	90%	90%	80%	80%	70%	70%	100%	100%
Mental Health Benefits	90%	90%	00%	00%	70%	70%	100%	100%
Inpatient Care	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained.	70% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waived for emergency admissions)	100% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waive for emergency admissions)
Outpatient Care	90%	70% facility care. Physician visits behavioral health treatment for autism or pervasive development disorders requires pre-service review.	90%	70% facility care. Physician visits behavioral health treatment for autism or pervasive development disorders requires pre-service review.	\$40 copay; deductible waived (Behavioral Health treatment for Autism or Pervasive Development disorders require pre- service review)	50%	\$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%
Substance Abuse							1011011)	
Inpatient Care								
Inpatient Hospitalization	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained.	70% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waived for emergency admissions)	100% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waive for emergency admissions)
Inpatient Detoxification Services	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained.	70% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waived for emergency admissions)	100% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waive for emergency admissions)
Outpatient Care								
Outpatient Services	90%	70%	90%	70%	\$40 copay; deductible waived	50%	\$35 copay/visit with deductible waived for the first 3 visits	50%



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Carrier	Anthem Blue Cross PPO 500 90/70 · \$10/30/10 Rx + Cost Eligible Employees		Anthem Blue Cross PPO 750 - \$15/50/15 Rx + Cost Eligible Employees			Blue Cross		Blue Cross
Plan Name						15/50/15 Rx + Cost	PPO MVP	
Benefit Summary					Eligible E	mployees	Eligible E	Imployees
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drug Benefits								
Generic	\$10 copay/Tier 1	50% + an additional \$15	\$15 copay/Tier 1	50% + an additional \$15	\$15 copay/Tier	50% + an additional \$15	\$19 copay/Tier 1	50% + an additional \$1
	Pharmacy \$10 copay	fee applies per	Pharmacy; \$15 copay +	fee applies per	Pharmacy; \$15 copay +	fee applies per	Pharmacy; \$19 copay +	fee applies per
	+\$15/Tier 2 Pharmacy	prescription for a Tier 2	\$15/Tier 2 Pharmacy	prescription for a Tier 2	\$15/Tier 2 Pharmacy	prescription for a Tier 2	\$15/Tier 2 Pharmacy	prescription for a Tier
	provided by ESI (see	Pharmacy: provided by	provided by ESI (see	Pharmacy: provided by	provided by ESI (see	Pharmacy: provided by	provided by ESI (see	Pharmacy: provided by
	www.express-scripts.com	ESI (see www.express-	www.express-scripts.com	ESI (see www.express-	www.express-scripts.com	ESI (see www.express-	www.express-scripts.com	ESI (see www.express
	for a list of pharmacies)	scripts.com for a list of	for a list of pharmacies)	scripts.com for a list of	for a list of pharmacies)	scripts.com for a list of	for a list of pharmacies)	scripts.com for a list o
	ior a not or pharmaciosy	pharmacies)	Tor a not or pharmacios,	pharmacies)	ior a not or pharmaology	pharmacies)	tor a not or pharmacios,	pharmacies)
Brand (Formulary/Preferred)	\$30 copay/Tier 1	50% + an additional \$15	\$50 copay/Tier 1	50% + an additional \$15	\$50 copay/Tier 1	50% + an additional \$15	\$50 copay/Tier 1	50% + an additional \$1
	Pharmacy \$30 copay	fee applies per	Pharmcy; \$50 copay +	fee applies per	Pharmacy; \$50 copay +	fee applies per	Pharmacy; \$50 copay +	fee applies per
	+\$15/Tier 2 Pharmacy	prescription for a Tier 2	\$15/Tier 2 Pharmacy	prescription for a Tier 2	\$15/Tier 2 Pharmacy	prescription for a Tier 2	\$15/Tier 2 Pharmacy	prescription for a Tier
	provided by ESI (see	Pharmacy; provided by	provided by ESI (see	Pharmacy; provided by	provided by ESI (see	Pharmacy; provided by	provided by ESI (see	Pharmacy; provided by
	www.express-scripts.com	ESI (see www.express-	www.express-scripts.com	ESI (see www.express-	www.express-scripts.com	ESI (see www.express-	www.express-scripts.com	ESI (see www.express
	for a list of pharmacies)	scripts.com for a list of	for a list of pharmacies)	scripts.com for a list of	for a list of pharmacies)	scripts.com for a list of	for a list of pharmacies)	scripts.com for a list o
	,	pharmacies)		pharmacies)	,	pharmacies)	· · /	pharmacies)
Brand (Non-Formulary/Non-	\$10 copay/Tier 1	50% + an additional \$15	\$15 copay/Tier 1	50% + an additional \$15	\$15 copay/Tier 1	50% + an additional \$15	\$75 copay/Tier 1	50% + an additional \$1
preferred)	Pharmacy \$10 copay	fee applies per	Pharmacy; \$15 copay +	fee applies per	Pharmacy; \$15 copay +	fee applies per	Pharmacy; \$75 copay +	fee applies per
	+\$15/Tier 2 Pharmacy +			prescription for a Tier 2	\$15/Tier 2 Pharmacv +	prescription for a Tier 2		prescription for a Tier
	cost difference between	Pharmacy + cost	cost difference between	Pharmacy + cost	cost difference between	Pharmacy + cost	provided by ESI (see	Pharmacy; provided by
	generic and brand when	difference between	generic and brand when	difference between	generic and brand when	difference between	www.express-scripts.com	ESI (see www.express
	generic equivalent is	generic and brand when	generic equivalent is	generic and brand when	generic equivalent is	generic and brand when	for a list of pharmacies)	scripts.com for a list o
	available; (see	generic equivalent is	available; (see	generic equivalent is	available; (see	generic equivalent is	ior a rist or priarmacies)	pharmacies)
	www.express-scripts.com	available; (see	www.express-scripts.com	available; (see	www.express-scripts.com	available; (see		priarriacies)
		www.express-scripts.com				www.express-scripts.com		
Number of Days Supply	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days
Mail Order	· · · · · · · · · · · · · · · · · · ·		,		· · · · · · · · · · · · · · · · · · ·	<u> </u>	*	
Generic	\$20 copay provided by	Not covered	\$30 copay provided by	Not covered	\$30 copay provided by	Not covered	\$38 copay provided by	Not covered
deficite	Express Scripts	Not covered	Express Scripts	Not covered	Express Scripts	Not covered	Express Scripts	Not covered
Brand (Formulary/Preferred)	\$60 copay provided by	Not covered	\$100 copay provided by	Not covered	\$100 copay provided by	Not covered	\$100 copay provided by	Not covered
, , ,	Express Scripts		Express Scripts		Express Scripts		Express Scripts	
Brand (Non-Formulary/Non-	\$20 copay plus cost	Not covered	\$30 copay plus cost	Not covered	\$30 copay plus cost	Not covered	\$150 copay provided by	Not covered
preferred)	difference between		difference between		difference between		Express Scripts	
,	generic and brand when		generic and brand when		generic and brand when			
	generic equivalent is		generic equivalent is		generic equivalent is			
	available; provided by		available; provided by		available; provided by			
	Express Scripts		Express Scripts		Express Scripts			
Number of Days Supply for Mail	90 days	Not covered	90 days	N/A	90 days	N/A	90 davs	N/A
Other Services and Supplies								
Chiropractic Services	90% limited to 24	70% chiro/phys/occ	80% limited to 24	60% limited to 24	70% limited to 24	50% limited to 24	Not covered	Not covered
Simoprastic dervices	visits/calendar year;	therapy combined; in/out		visits/calendar year;	visits/calendar year;	visits/calendar year;		
	chiro/phys/occ therapy	of network combined	chiro/phys/occ therapy	chiro/phys/occ therapy	chiro/phys/occ therapy	chiro/phys/occ therapy		
	combined: in/out of		combined: in/out of	combined: in/out of	combined: in/out of	combined: in/out of		
	network combined		network combined	network combined	network combined	network combined		
	network combined							