Keenan

Mt. San Jacinto Community College

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

RENEWAL 2024

Carrier	Anthem Blue Cross		Anthem Blue Cross		Anthem Blue Cross		Anthem Blue Cross	
Plan Name	PPO 500 90/70 - $10/30/10 Rx + Cost		PPO 750 - $15/50/15 Rx + Cost		PPO Essentials - $15/50/15 Rx + Cost		PPO MVP	
Benefit Summary	Eligible Employees		Eligible Employees		Eligible Employees		Eligible Employees	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
General Plan Information								
Annual Deductible/Individual	$500	$1,000	$750	$1,500	$1,250	$1,250	$5,900	$11,800
Annual Deductible/Family	$1,500	$3,000	$2,250	$4,500	$3,750	$3,750	$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 included
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	$18,000 Rx not included	$12,200 Rx not included	$25,400 Rx not included
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; Including Services and Supplies	90%	70%	80%	60%	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)
Emergency Services								
Emergency Room	90%	90%	80%	80%	70%	70%	100%	100%
Mental Health Benefits								
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; waived 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								
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; waived 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; waived 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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Benefit Summary	Eligible Employees		Eligible Employees		Eligible Employees		Eligible Employees	
	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 Pharmacy $10 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 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)	$30 copay/Tier 1 Pharmacy $30 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 Pharmcy; $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)	$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)	$10 copay/Tier 1 Pharmacy $10 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	$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	$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	$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	$20 copay provided by Express Scripts	Not covered	$30 copay 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)	$60 copay provided by Express Scripts	Not covered	$100 copay 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)	$20 copay plus cost difference between generic and brand when generic equivalent is available; 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	$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	90 days	Not covered	90 days	N/A	90 days	N/A	90 days	N/A
Other Services and Supplies								
Chiropractic Services	90% limited to 24 visits/calendar year; chiro/phys/occ therapy combined; in/out of network combined	70% chiro/phys/occ therapy combined; in/out of network combined	80% limited to 24 visits/calendar year; chiro/phys/occ therapy combined; in/out of network combined	60% limited to 24 visits/calendar year; chiro/phys/occ therapy combined; in/out of network combined	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	Not covered	Not covered