



Perris Union High School District
Summary of Charter Certificated & Charter Classified Kaiser HMO 20, DHMO 500, MVP & HSA Plans
 Effective Date: July 1, 2019

RENEWAL **2019**

Effective Date	07/01/2019	07/01/2019	07/01/2019	07/01/2019
Renewal Date	07/01/2020	07/01/2020	07/01/2020	07/01/2020
Carrier Name	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company
Plan Name	HMO 20	DHMO 500	HMO MVP	HMO HSA
Eligible Class	Eligible Employees	Eligible Employees	Eligible Employees	All Employees
General Plan Information				
Annual Deductible/Individual	\$0	\$500	\$4,500	\$1,500 medical/prescription combined
Annual Deductible/Family	\$0	\$1,000	\$9,000	\$2,700 (per member of a family of two or more members), \$3,000 (entire family or two or more members) medical/prescription combined
Coinsurance	100%	80%	60%	90%
Office Visit/Exam	\$20 copay	\$20 copay	\$50 copay; after deductible	90% after deductible
Outpatient Specialist Visit	\$20 copay	\$20 copay	\$50 copay; after deductible	90% after deductible
Annual Out-of-Pocket Limit/Individual	\$1,500	\$3,000	\$6,000	\$3,000
Annual Out-of-Pocket Limit/Family	\$3,000	\$6,000	\$12,000	\$6,000
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Inpatient Hospital Services				
Inpatient Hospitalization	100%	80% after deductible	60% after deductible	90% after deductible
Semi-Private Room & Board; Including Services and Supplies	100%	80% after deductible	60% after deductible	90% after deductible
Emergency Services				
Emergency Room	\$100 copay waived if admitted	80% after deductible	\$250 copay; after deductible	90% after deductible
Mental Health Benefits				
Inpatient Care	100%	80% after deductible	60% after deductible	90% after deductible
Outpatient Care	\$20 copay	\$20 copay; deductible waived	\$50 copay; after deductible	90% after deductible
Alcohol Abuse				
Inpatient Care				
Inpatient Hospitalization	100%	80% after deductible	80% after deductible	100%
Inpatient Detoxification Services	100%	80% after deductible	80% after deductible	100%
Outpatient Care				
Outpatient Services	\$20 copay	\$20 copay; deductible waived	\$20 copay; deductible waived	100%
Substance Abuse				
Inpatient Care				
Inpatient Hospitalization	100%	80% after deductible	60% after deductible	90% after deductible
Inpatient Detoxification Services	100%	80% after deductible	60% after deductible	90% after deductible
Outpatient Care				
Outpatient Services	\$20 copay	\$20 copay; deductible waived	\$50 copay; after deductible	90% 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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Eligible Class	Eligible Employees	Eligible Employees	Eligible Employees	All Employees
Prescription Drug Benefits				
Prescription Drug Deductible		\$100 per member/calendar year	\$250 per Member/calendar year	\$1,500 ind/\$3,000 fam; medical/prescription combined
Generic	\$10 copay	\$10 copay; deductible waived	\$15 copay; deductible waived	\$10 copay; after deductible
Brand (Formulary/Preferred)	\$20 copay	\$30 copay; after \$100 prescription deductible	\$35 copay; after prescription deductible	\$30 copay; after deductible
Brand (Non-Formulary/Non-preferred)				
Number of Days Supply	30 days	30 days	30 days	30 days
Mail Order				
Mail Order Mandatory	No			N/A
Generic	\$20 copay	\$20 copay; deductible waived	\$30 copay; deductible waived	\$20 copay; after deductible
Brand (Formulary/Preferred)	\$40 copay	\$60 copay; after \$100 prescription deductible	\$70 copay; after prescription deductible	\$60 copay; after deductible
Brand (Non-Formulary/Non-preferred)				
Number of Days Supply for Mail Order	100 days	100 days	100 days	100 days
Other Services and Supplies				
Chiropractic Services	Not covered	Not covered	Not covered	Not covered