



# REEP for Benefits JPA

## Summary of HMO Plans

	Current	Current	Current
<b>Effective Date</b>	07/01/2015	07/01/2015	07/01/2015
<b>Renewal Date</b>	07/01/2016	07/01/2016	07/01/2016
<b>Carrier Name</b>	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross
<b>Plan Name</b>	HMO 15 w/Chiro	HMO 30 w/Chiro	HMO 40 w/chiro *(Narrow Network)
<b>Eligible Class</b>	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	\$15 copay	\$30 copay	\$40 copay
Outpatient Specialist Visit	\$15 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%	100% after \$250 copay per admit after deductible has been 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 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
Outpatient Detoxification Services			
<b>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
Outpatient Detoxification Services			
<b>Prescription Drug Benefits</b>			
Prescription Drug Deductible	N/A	N/A	N/A
Prescription Drug Annual Out-of-Pocket Limit/Individual	\$1,500	\$1,500	\$1,500
Prescription Drug Annual Out-of-Pocket Limit/Family	\$4,500	\$4,500	\$4,500
Generic	\$5 copay/Tier 1 Pharmacy; \$5 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$10 copay/Tier 1 Pharmacy; \$10 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$10 copay/Tier 1 Pharmacy; \$10 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)
Brand (Formulary/Preferred)	\$25 copay/Tier 1 Pharmacy; \$25 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$30 copay/Tier 1 Pharmacy; \$30 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$30 copay/Tier 1 Pharmacy; \$30 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)
Brand (Non-Formulary/Non-preferred)	\$40 copay/Tier 1 Pharmacy; \$40 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$60 copay/Tier 1 Pharmacy; \$60 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$60 copay/Tier 1 Pharmacy; \$60 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>			
Mail Order Mandatory			
Generic	\$10 copay provided by Express Scripts	\$20 copay provided by Express Scripts	\$20 copay provided by Express Scripts
Brand (Formulary/Preferred)	\$50 copay provided by Express Scripts	\$60 copay provided by Express Scripts	\$60 copay provided by Express Scripts
Brand (Non-Formulary/Non-preferred)	\$80 copay provided by Express Scripts	\$120 copay provided by Express Scripts	\$120 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

**NOTES:**

1. Dependent children eligible to age 26.
2. Anthem Blue Cross website: [www.Anthem.com/ca](http://www.Anthem.com/ca)
3. Obtain services through MHN call 1-888-327-0020
- 4.\* Narrow Network refreshes every January, members must remain in the Narrow Network Plan for entire plan year.



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