



REEP for Benefits JPA

Summary of HMO Plans

	Current	Renewal	Proposed
Effective Date	07/01/2016	07/01/2016	07/01/2016
Renewal Date	07/01/2017	07/01/2017	07/01/2017
Carrier Name	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross
Plan Name	HMO 20 - \$250/500 Brand Ded. (\$15/40/80 Rx)	HMO 30 - \$250/500 Brand Ded. (\$15/40/80 Rx)	HMO 40 - \$250/500 Brand Ded. (\$15/40/80 Rx)
Eligible Class	Eligible Employees	Eligible Employees	Eligible Employees
General Plan Information			
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
Inpatient Hospital Services			
Inpatient Hospitalization	100%	100%	\$250 admit fee after deductible is met
Emergency Services			
Emergency Room	\$100 copay waived if admitted	\$100 copay waived if admitted	\$100 copay waived if admitted
Mental Health Benefits			
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
Alcohol & Substance Abuse			
Inpatient Care			
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
Outpatient Care			
Outpatient Services	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required
Outpatient Detoxification Services			
Prescription Drug Benefits			
Prescription Drug Deductible	\$250/\$500 Brand Deductible	\$250/\$500 Brand Deductible	\$250/\$500 Brand Deductible
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 \$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)	\$40 copay/Tier 1 Pharmacy \$40 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$40 copay/Tier 1 Pharmacy \$40 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$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)	\$80 copay/Tier 1 Pharmacy \$80 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$80 copay/Tier 1 Pharmacy \$80 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$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
Mail Order			
Mail Order Mandatory			
Generic	\$30 copay provided by Express Scripts (No deductible)	\$30 copay provided by Express Scripts (No deductible)	\$30 copay provided by Express Scripts (No deductible)
Brand (Formulary/Preferred)	\$80 copay provided by Express Scripts	\$80 copay provided by Express Scripts	\$80 copay provided by Express Scripts
Brand (Non-Formulary/Non-preferred)	\$160 copay provided by Express Scripts	\$160 copay provided by Express Scripts	\$160 copay provided by Express Scripts
Number of Days Supply for Mail Order	90 days	90 days	90 days
Other Services and Supplies			
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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