



## Summary of MVP Plans

Effective Date	07/01/2017		07/01/2017
Renewal Date	07/01/2018		07/01/2018
Carrier Name	Anthem Blue Cross		Kaiser Permanente
Plan Name	PPO MVP		HMO MVP
Eligible Class	Eligible Employees		Eligible Employees
	<b>In-Network Benefits</b>	<b>Out-of-Network Benefits</b>	<b>In-Network Benefits</b>
<b>General Plan Information</b>			
Annual Deductible/Individual	\$5,900	\$11,800	\$4,500
Annual Deductible/Family	\$11,800	\$23,600	\$9,000
Coinsurance	100% after the deductible has been satisfied	50%	60%
Office Visit/Exam	\$35 copay; deductible waived first 3 visits/combined services	50%	\$50 copay; after deductible
Outpatient Specialist Visit	\$35 copay; deductible waived first 3 visits/combined services	50%	\$50 copay; after deductible
Annual Out-of-Pocket Limit/Individual	\$6,100 Rx not included	\$12,700 Rx not included	\$6,000
Annual Out-of-Pocket Limit/Family	\$12,200 Rx not included	\$25,400 Rx not included	\$12,000
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited
<b>Inpatient Hospital Services</b>			
Inpatient Hospitalization	100% after the deductible has been satisfied	50%	60% after deductible
Semi-Private Room & Board; Including Services and Supplies	100% after the deductible has been satisfied	50%	60% after deductible
<b>Emergency Services</b>			
Emergency Room	100%	100%	\$250 copay; after deductible
<b>Mental Health Benefits</b>			
Inpatient Care	100% after the deductible has been satisfied; subject to utilization review; waived for emergency	50% subject to utilization review; waived for emergency	60% after deductible
Outpatient Care	\$35 copay; deductible waived for the first 3 visits/combined services	50%	\$50 copay; after deductible
<b>Alcohol &amp; Substance Abuse</b>			
<b>Inpatient Care</b>			
Inpatient Hospitalization	70%	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency).	60% after deductible
Inpatient Detoxification Services	70%	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency).	60% after deductible
<b>Outpatient Care</b>			
Outpatient Services	\$40 copay; deductible waived	50%	\$50 copay; after deductible
Outpatient Detoxification Services			
<b>Prescription Drug Benefits</b>			
Prescription Drug Deductible			
<b>Generic</b>	\$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)	\$15 copay; deductible waived
Brand (Formulary/Preferred)	\$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)	\$35 copay; after prescription deductible
Brand (Non-Formulary/Non-preferred)	\$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

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	<b>In-Network Benefits</b>	<b>Out-of-Network Benefits</b>	<b>In-Network Benefits</b>
<b>Mail Order</b>			
Generic	\$38 copay provided by Express Scripts	Not covered	\$30 copay; deductible waived
Brand (Formulary/Preferred)	\$100 copay provided by Express Scripts	Not covered	\$70 copay; after prescription deductible
Brand (Non-Formulary/Non-preferred)	\$150 copay provided by Express Scripts	Not covered	
Number of Days Supply for Mail Order	90 days	N/A	100 days
<b>Other Services and Supplies</b>			
Chiropractic Services	\$35 copay; limited to 24 visits/calendar year; chiro/phys/occ therapy combined; deductible waived first 3 visits/combined services; in/out of network combined	50% limited to 24 visits/calendar year; chiro/phys/occ therapy combined; in/out of network combined	\$10 copay; 30 visits/calendar year; provided through American Specialty Health

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