Keenan & Associates

REEP for Benefits JPA

Summary of PPO & HMO Plans

	Current		Current
Effective Date	07/01/2015		7/1/2015
Renewal Date	07/01/2016		7/1/2016
Carrier Name	Anthem Blue Cross		Kaiser Permanente Insurance Company
Plan Name	PPO MVP		HMO MVP w/Chiro
Eligible Class	Eligible Employees		Eligible Employees
	In-Network Benefits	**Out-of-Network Benefits**	**Schedule of Benefits**
General Plan Information			
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
Inpatient Hospital Services			
Inpatient Hospitalization	100% after the deductible has been satisfied	50%	60% after deductible
Semi-Private Room & Board; Including Services and	100% after the deductible has been satisfied	50%	60% after deductible
Emergency Services	0		
Emergency Room	100%	100%	$250 copay; after deductible
Mental Health Benefits			
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
Alcohol Abuse			
Inpatient Care			
Inpatient Hospitalization	70%	50% plus $500 admission fee after the deductible has been satisfied (waived for emergency).	80% after deductible
Outpatient Care			
Outpatient Services	$40 copay; deductible waived	50%	$20 copay; deductible waived
Substance Abuse			
Inpatient Care			
Inpatient Hospitalization	100% after the deductible has been satisfied; subject to utilization review; wavied for emergency	50% subject to utilization review; wavied for emergency	60% after deductible
Outpatient Care			
Outpatient Services	$35 copay; deductible waived first 3	50%	$50 copay; after deductible

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Prescription Drug Benefits			
Prescription Drug Deductible	N/A	N/A	$250 per Member/calendar year
Annual Out of Pocket Limit Individual	$500	$500	
Annual Out of Pocket Limit Family	$1,000	$1,000	
Generic	$19 copay/Tier 1 Pharmacy; $19 copay + $15/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)	$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 copay/Tier 1 Pharmacy; $50 copay + $15/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)	$19 copay/Tier 1 Pharmacy; $19 copay + $15/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)	
Number of Days Supply	30 days	30 days	30 days
Mail Order			
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)	$38 copay provided by Express Scripts	Not covered	
Number of Days Supply for Mail Order	90 days	N/A	100 days
Other Services and Supplies			
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	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