Keenan

Mt. San Jacinto Community College

Summary of Anthem HSA 1600 Plan - All Employees

RENEWAL 2024

Effective Date	7/1/2024	
Carrier	**Anthem Blue Cross**	
Plan Name	HSA 1600 - $10/30 Rx	
Benefit Summary	Eligible Employees	
	In-Network	**Out-of-Network**
General Plan Information		
Annual Deductible/Individual	$1,600 medical/prescription/MH-SA in/out of network combined	$1,600 medical/prescription/MH-SA in/out of network combined
Annual Deductible/Family	$3,200 medical/prescription/MH-SA in/out of network combined	$3,200 medical/prescription/MH-SA in/out of network combined
Coinsurance	90%	70%
Office Visit/Exam	90%	70%
Outpatient Specialist Visit	90%	70%
Annual Out-of-Pocket Limit/Individual	$3,000	$9,000
Annual Out-of-Pocket Limit/Family	$6,000	$18,000
Lifetime Plan Maximum	Unlimited	Unlimited
Inpatient Hospital Services		
Inpatient Hospitalization	90%	70% plus $500 admission fee after the deductible has been satisfied (waived for emergency)
Semi-Private Room & Board; Including Services and Supplies	90%	70% plus $500 admission fee after the deductible has been satisfied (waived for emergency)
Emergency Services		
Emergency Room	90%	90%
Mental Health Benefits		
Inpatient Care	90% (subject to utilization review; waived for emergency admissions)	70% plus $500 copay per admission (waived for emergency); there is an additional $250 copay if a utilization review is not obtained.
Outpatient Care	90%	70% facility care. Physician visits behavioral health treatment for autism or pervasive development disorders requires pre-service review.
Substance Abuse		
Inpatient Care		
Inpatient Hospitalization	90% (subject to utilization review; waived for emergency admissions)	70% plus $500 copay per admission (waived for emergency); there is an additional $250 copay if a utilization review is not obtained.
Inpatient Detoxification Services	90% (subject to utilization review; waived for emergency admissions)	70% plus $500 copay per admission (waived for emergency); there is an additional $250 copay if a utilization review is not obtained.
Outpatient Care		
Outpatient Services	90%	70%
Prescription Drug Benefits		
Prescription Drug Deductible	$1,600 ind/$3200 fam medical/prescription/MH-SA in/out of network combined	$1,600 ind/$3200 fam medical/prescription/MH-SA in/out of network combined
Generic	$10 after deductible Tier 1 Pharmacy $10 copay after deductible + $15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	50% after deductible + 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)
Brand (Formulary/Preferred)	$30 after deductible /Tier 1 Pharmacy $30 copay after deductible + $15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	50% after deductible + 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
Mail Order		
Generic	$20 copay after deductible; provided by Express Scripts	Not covered
Brand (Formulary/Preferred)	$60 copay after deductible; provided by Express Scripts	Not covered
Number of Days Supply for Mail Order	90 days	Not covered
Other Services and Supplies		
Chiropractic Services	90% limited to 24 visits/calendar year; phys/occ/chiro combined; in/out of network combined	70% limited to 24 visits/calendar year; phys/occ/chiro combined; in/out of network combined