

Keenan

Redlands Unified School District
MVP Plan Comparison

	Current		Current	
Effective Date	7/1/2026		7/1/2026	
Renewal Date	7/1/2027		7/1/2027	
Carrier	Anthem Blue Cross		Kaiser Permanente Insurance Company	
Plan Name	PPO MVP		HMO MVP w/Chiro	
Benefit Summary	Eligible Employees		Eligible Employees	
	In-Network	Out-of-Network	In-Network	Out-of-Network
General Plan Information				
Annual Deductible/Individual	\$5,900	\$11,800	\$4,500	0
Annual Deductible/Family	\$11,800	\$23,600	\$9,000	0
Coinsurance	100% after the deductible has been satisfied	50% after the deductible has been satisfied	60%	0
Office Visit/Exam	\$35 copay per visit for the first 3 visits deductible waived then 100% after the deductible has been satisfied	50% after the deductible has been satisfied	\$50 copay; after deductible	0
Outpatient Specialist Visit	\$35 copay per visit for the first 3 visits deductible waived, then 100% after the deductible has been satisfied	50% after the deductible has been satisfied	\$50 copay; after deductible	0
Annual Out-of-Pocket Limit/Individual	\$6,100 Rx not included	\$12,700 Rx not included	\$6,000	0
Annual Out-of-Pocket Limit/Family	\$12,200 Rx not included	\$25,400 Rx not included	\$12,000	0
Deductible Included in Out-of-Pocket Limits	Yes	Yes	Yes (except prescription drugs)	0
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	0
Outpatient Services				
Preventive Services				
Well-Child Care	100% deductible waived	50% after the deductible has been satisfied	100% deductible waived, through age 23 months	0
Immunizations	100% deductible waived	50% after the deductible has been satisfied	100% deductible waived	0
Well Woman Exams	100% deductible waived	50% after the deductible has been satisfied	100% deductible waived	0
Mammograms	100% deductible waived	50% after the deductible has been satisfied	100% for preventive; deductible waived	0
Adult Periodic Exams with Preventive Tests	100% deductible waived	50% after the deductible has been satisfied	100% deductible waived	0
Diagnostic X-Ray and Lab Tests	100% after the deductible has been satisfied	50%	100% preventive, deductible waived; MRI, CT & PET scans 60% up to a maximum of \$150 per procedure after deductible	0
Maternity Care				
Pregnancy and Maternity Care (Pre-Natal Care)	\$35 copay per visit for the first 3 visits deductible waived, then 100% after the deductible has been satisfied	50% after the deductible has been satisfied	100%	0
Inpatient Hospital Services				
Inpatient Hospitalization	100% after the deductible has been satisfied	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	60% after deductible	0
Pre-Authorization of Services Required	Yes	Yes;	Yes	0
Semi-Private Room & Board; Including Services and Supplies	100% after the deductible has been satisfied	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	60% after deductible	0

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	In-Network	Out-of-Network	In-Network	Out-of-Network
Surgical Services				
Outpatient Facility Charge	100% after the deductible has been satisfied	50% limited to \$350/admit after the deductible has been satisfied	60% after deductible	0
Emergency Services				
Emergency Room	100%	100%	\$250 copay; after deductible	0
Ambulance				
Air	100% after the deductible has been satisfied; non-medical emergency is subject to pre-service review	100% emergency after the deductible has been satisfied; 50% non-emergency is subject to pre-service review; limited to \$50,000/trip, after the deductible has been satisfied	60% after deductible	0
Ground	100% after the deductible has been satisfied	100% emergency after the deductible has been satisfied; 50% non-emergency after the deductible has been satisfied	60% after deductible	0
Urgent Care				
Urgent Care Facility	100% after the deductible has been satisfied	50% after the deductible has been satisfied	\$50 copay; after deductible	0
Mental Health Benefits				
Inpatient Care	100% after the deductible has been satisfied	50% after the deductible has been satisfied	60% after deductible	0
Outpatient Care	100% after the deductible has been satisfied	50% after the deductible has been satisfied	\$50 copay; after deductible	0
Prescription Drug Benefits				
Prescription Drug Deductible	N/A	N/A		0
Prescription Drug Annual Out-of-Pocket Limit/Individual	\$500	\$500		0
Prescription Drug Annual Out-of-Pocket Limit/Family	\$1,000	\$1,000		0
Generic	\$19 copay (see www.express-scripts.com for a list of pharmacies)	50% (see www.express-scripts.com for a list of pharmacies)	\$15 copay; deductible waived	0
Brand (Formulary/Preferred)				0
Brand (Non-Formulary/Non-preferred)	\$50 copay + cost difference between generic and brand when generic equivalent is available (see www.express-scripts.com for a list of pharmacies)	50% + cost difference between generic and brand when generic equivalent is available (see www.express-scripts.com for a list of pharmacies)	\$35 copay; after prescription deductible	0
Number of Days Supply	\$75 copay + cost difference between generic and brand when generic equivalent is available (see www.express-scripts.com for a list of pharmacies)	50% + cost difference between generic and brand when generic equivalent is available (see www.express-scripts.com for a list of pharmacies)		0

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	In-Network	Out-of-Network	In-Network	Out-of-Network
Mail Order	30 days	30 days	30 days	0
Mail Order Mandatory				0
Generic				0
Brand (Formulary/Preferred)	\$38 copay	Not covered	\$30 copay; deductible waived	0
Brand (Non-Formulary/Non-preferred)				0
Number of Days Supply for Mail Order	\$100 copay + cost difference between generic and brand when generic equivalent is available	Not covered	\$70 copay; after prescription deductible	0
Other Services and Supplies				
Durable Medical Equipment & Prosthetic Devices				0
Home Health Care				0
Skilled Nursing or Extended Care Facility	50% after deductible has been satisfied	50% after deductible has been satisfied	60% deductible waived	0
Hospice Care	100% after deductible has been satisfied; limited to 100 visits per benefit period; one visit equals four hours or less; in/out of network combined	50% after deductible has been satisfied; limited to 100 visits per benefit period; one visit equals four hours or less; in/out of network combined	100% limited to 100 visits/calendar year; deductible waived	0
Chiropractic Services	100% after deductible has been satisfied; limited to 100 days per benefit period; in/out of network combined	50% after deductible has been satisfied; limited to 100 days per benefit period; in/out of network combined	60% after deductible; limited to 100 days/benefit period	0
Acupuncture	100% after deductible has been satisfied	80% after deductible has been satisfied	100% deductible waived	0

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