



Redlands Unified School District

Summary of 2017-2018 United HealthCare HMO Plans

Effective Date	07/01/2017	07/01/2017	07/01/2017
Renewal Date	07/01/2018	07/01/2018	07/01/2018
Carrier Name	United HealthCare	United HealthCare	United HealthCare
Plan Name	HMO 20 w/Chiro - \$250/500 Brand Deductible (\$15/40/80 Rx)	HMO 30 w/Chiro - \$250/500 Brand Deductible (\$15/40/80 Rx)	HMO 40 Advantage w/Chiro - \$250/500 Brand Deductible (\$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
Semi-Private Room & Board; Including	100%	100%	100%
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



Redlands Unified School District Summary of 2017-2018 United HealthCare HMO Plans

Effective Date	07/01/2017	07/01/2017	07/01/2017
Renewal Date	07/01/2018	07/01/2018	07/01/2018
Carrier Name	United HealthCare	United HealthCare	United HealthCare
Plan Name	HMO 20 w/Chiro - \$250/500 Brand Deductible (\$15/40/80 Rx)	HMO 30 w/Chiro - \$250/500 Brand Deductible (\$15/40/80 Rx)	HMO 40 Advantage w/Chiro - \$250/500 Brand Deductible (\$15/40/80 Rx)
Eligible Class	Eligible Employees	Eligible Employees	Eligible Employees
Prescription Drug Benefits			
Prescription Drug Deductible	\$250 /500 Brand name only	\$250/500 Brand name only	\$250/500 Brand name only
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 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 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)	\$250 Individual/\$500 Family deductible, then; \$40 copay/Tier 1 Pharmacy; \$40 copay +\$15/Tier 2 Pharmacy; provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$250 Individual/\$500 Family deductible, then; \$40 copay/Tier 1 Pharmacy; \$40 copay +\$15/Tier 2 Pharmacy; provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$250 Individual/\$500 Family deductible, then; \$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)	\$250 Individual/\$500 Family deductible, then; \$80 copay/Tier 1 Pharmacy; \$80 copay +\$15/Tier 2 Pharmacy; provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$250 Individual/\$500 Family deductible, then; \$80 copay/Tier 1 Pharmacy; \$80 copay +\$15/Tier 2 Pharmacy; provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$250 Individual/\$500 Family deductible, then; \$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			
Generic	\$30 copay (No deductible); provided by Express Scripts	\$30 copay (No deductible); provided by Express Scripts	\$30 copay (No deductible); provided by Express Scripts
Brand (Formulary/Preferred)	\$250 Individual/\$500 Family deductible, then; \$80 copay; provided by Express Scripts	\$250 Individual/\$500 Family deductible, then; \$80 copay; provided by Express Scripts	\$250 Individual/\$500 Family deductible, then; \$80 copay; provided by Express Scripts
Brand (Non-Formulary/Non-preferred)	\$250 Individual/\$500 Family deductible, then; \$160 copay; provided by Express Scripts	\$250 Individual/\$500 Family deductible, then; \$160 copay; provided by Express Scripts	\$250 Individual/\$500 Family deductible, then; \$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

CONFIDENTIAL: The information in this chart is intended for the exclusive use of the recipient in connection with the recipient's review of this proposal. It is not intended for any other purpose. The information described on this page is only intended to be a summary of your benefits. It does not include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description (SPD) for a complete summary of your benefits. If the information on this page conflicts in any way with the SPD, the contract provisions of the appropriate policy or plan document (available through your employer) will prevail.