



Redlands Unified School District

Summary of 2017-2018 "New" United HealthCare PPO 500 Navigate & H.S.A 1 Navigate /Narrow Network Plans

| Effective Date | 07/01/2017 | | 07/01/2017 | |
|--|---|--|---|--|
| Renewal Date | 07/01/2018 | | 07/01/2018 | |
| Carrier Name | United HealthCare Insurance Company | | United HealthCare Insurance Company | |
| Plan Name | PPO 500 Navigate - \$10/30/10 Rx + Cost | | HSA 1 Navigate - \$10/30 Rx | |
| Eligible Class | Eligible Employees | | Eligible Employees | |
| | In-Network Benefits | Out-of-Network Benefits | In-Network Benefits | Out-of-Network Benefits |
| General Plan Information | | | | |
| Annual Deductible/Individual | \$500 | \$1,000 | \$1,500 medical/prescription/MH-SA in/out of network combined | \$1,500 medical/prescription/MH-SA in/out of network combined |
| Annual Deductible/Family | \$1,500 | \$3,000 | \$3,000 medical/prescription/MH-SA in/out of network combined | \$3,000 medical/prescription/MH-SA in/out of network combined |
| Coinsurance | 90% | 70% | 90% | 70% |
| Office Visit/Exam | \$30/Visit; deductible waived | 70% | 90% | 70% |
| Outpatient Specialist Visit | \$30/Visit; deductible waived | 70% | 90% | 70% |
| Annual Out-of-Pocket Limit/Individual | \$3,000 Rx not included | \$6,000 Rx not included | \$3,000 | \$9,000 |
| Annual Out-of-Pocket Limit/Family | \$9,000 Rx not included | \$18,000 Rx not included | \$6,000 | \$18,000 |
| Lifetime Plan Maximum | Unlimited | Unlimited | Unlimited | Unlimited |
| Inpatient Hospital Services | | | | |
| Inpatient Hospitalization | 90% | 70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) | 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% | 90% | 70% |
| Emergency Services | | | | |
| Emergency Room | 90% | 90% | 90% | 90% |
| Mental Health Benefits | | | | |
| Inpatient Care | 90% prior MHN authorization required | 70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required | 90% prior MHN authorization required | 70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required |
| Outpatient Care | 90% prior MHN authorization required | 70% prior MHN authorization required | 90% prior MHN authorization required | 70% prior MHN authorization required |
| Alcohol & Substance Abuse | | | | |
| Inpatient Care | | | | |
| Inpatient Hospitalization | 90% prior MHN authorization required | 70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required | 90% prior MHN authorization required | 70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required |
| Inpatient Detoxification Services | 90% prior MHN authorization required | 70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required | 90% prior MHN authorization required | 70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required |
| Outpatient Care | | | | |
| Outpatient Services | 90% prior MHN authorization required | 70% prior MHN authorization required | 90% prior MHN authorization required | 70% prior MHN authorization required |
| Outpatient Detoxification Services | | | | |

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.



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| Plan Name | PPO 500 Navigate - \$10/30/10 Rx + Cost | | HSA 1 Navigate - \$10/30 Rx | |
| Eligible Class | Eligible Employees | | Eligible Employees | |
| | In-Network Benefits | Out-of-Network Benefits | In-Network Benefits | Out-of-Network Benefits |
| Prescription Drug Benefits | | | | |
| Prescription Drug Deductible | | | \$1,500 ind/\$3000 fam medical/prescription/MH-SA in/out of network combined | \$1,500 ind/\$3000 fam medical/prescription/MH-SA in/out of network combined |
| Generic | \$10 copay/Tier 1 Pharmacy \$10 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) | \$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 copay/Tier 1 Pharmacy \$30 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) | \$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) |
| Brand (Non-Formulary/Non-preferred) | \$10 copay/Tier 1 Pharmacy \$10 copay +\$15/Tier 2 Pharmacy + cost difference between generic and brand when generic equivalent is available; (see www.express-scripts.com for a list of pharmacies) | 50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy + cost difference between generic and brand when generic equivalent is available; (see www.express-scripts.com for a list of pharmacies) | | |
| Number of Days Supply | 30 days | 30 days | 30 days | 30 days |
| Mail Order | | | | |
| Mail Order Mandatory | | | | |
| Generic | \$20 copay provided by Express Scripts | Not covered | \$20 copay after deductible; provided by Express Scripts | Not covered |
| Brand (Formulary/Preferred) | \$60 copay provided by Express Scripts | Not covered | \$60 copay after deductible; provided by Express Scripts | Not covered |
| Brand (Non-Formulary/Non-preferred) | \$20 copay plus cost difference between generic and brand when generic equivalent is available; provided by Express Scripts | Not covered | | |
| Number of Days Supply for Mail Order | 90 days | Not covered | 90 days | Not covered |
| Other Services and Supplies | | | | |
| Chiropractic Services | 90% limited to 24 visits/calendar year; chiro/phys/occ therapy combined; in/out of network combined | 70% chiro/phys/occ therapy combined; in/out of network combined | 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 |

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