



Redlands Unified School District

Summary of 2017-2018 United HealthCare PPO HSA 1 & HSA 2 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	HSA 1 - \$10/30 Rx		HSA 2 - \$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	\$1,500 medical/prescription/MH-SA in/out of network combined	\$1,500 medical/prescription/MH-SA in/out of network combined	\$3,000 medical/prescription/MH-SA in/out of network combined	\$3,000 medical/prescription/MH-SA in/out of network combined
Annual Deductible/Family	\$3,000 medical/prescription/MH-SA in/out of network combined	\$3,000 medical/prescription/MH-SA in/out of network combined	\$6,000 medical/prescription/MH-SA in/out of network combined; All individual Deductible amounts will count toward the family Deductible, but an individual will not have to pay more than the individual Deductible amount.	\$6,000 medical/prescription/MH-SA in/out of network combined; All individual Deductible amounts will count toward the family Deductible, but an individual will not have to pay more than the individual Deductible amount.
Coinsurance	90%	70%	90%	70%
Office Visit/Exam	90%	70%	90%	70%
Outpatient Specialist Visit	90%	70%	90%	70%
Annual Out-of-Pocket Limit/Individual	\$3,000	\$9,000	\$4,000	\$9,000
Annual Out-of-Pocket Limit/Family	\$6,000	\$18,000	\$8,000 /All individual OOP Maximum amounts will count toward the family OOP Maximum, but an individual will not have to pay more than the individual OOP Maximum amount.	\$18,000 /All individual OOP Maximum amounts will count toward the family OOP Maximum, but an individual will not have to pay more than the individual OOP Maximum amount.
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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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	\$3,000 ind/\$6,000 fam medical/prescription/MH-SA in/out of network combined	\$3,000 ind/\$6,000 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)	\$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)	\$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	30 days	30 days
Mail Order				
Generic	\$20 copay after deductible; provided by Express Scripts	Not covered	\$20 copay after deductible; provided by Express Scripts	Not covered
Brand (Formulary/Preferred)	\$60 copay after deductible; provided by Express Scripts	Not covered	\$60 copay after deductible; provided by Express Scripts	Not covered
Brand (Non-Formulary/Non-preferred)				
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; 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	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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