



REEP for Benefits JPA

Summary of HMO Plans

	Current	Renewal	Proposed
Effective Date	07/01/2016	07/01/2016	07/01/2016
Renewal Date	07/01/2017	07/01/2017	07/01/2017
Carrier Name	United HealthCare Insurance Company	United HealthCare Insurance Company	United HealthCare Insurance Company
Plan Name	HMO 20 - \$250/500 Brand Deductible (\$15/40/80 Rx)	HMO 30 - \$250/500 Brand Deductible (\$15/40/80 Rx)	HMO 40 - \$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
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
Outpatient Detoxification Services			
Prescription Drug Benefits			
Prescription Drug Deductible	\$250/500 Brand Deductible	\$250/500 Brand Deductible	\$250/500 Brand Deductible
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 \$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)	\$40 copay/Tier 1 Pharmacy \$40 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$40 copay/Tier 1 Pharmacy \$40 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$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)	\$80 copay/Tier 1 Pharmacy \$80 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$80 copay/Tier 1 Pharmacy \$80 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$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			
Mail Order Mandatory			
Generic	\$30 copay provided by Express Scripts (No deductible)	\$30 copay provided by Express Scripts (No deductible)	\$30 copay provided by Express Scripts (No deductible)
Brand (Formulary/Preferred)	\$80 copay provided by Express Scripts	\$80 copay provided by Express Scripts	\$80 copay provided by Express Scripts
Brand (Non-Formulary/Non-preferred)	\$160 copay provided by Express Scripts	\$160 copay provided by Express Scripts	\$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 contained 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 describe or 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 Summary Plan Description (SPD) the contract provisions of the appropriate policy or plan document (available through your employer) will prevail.



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[Effective Date](#)

[Renewal Date](#)

[Carrier Name](#)

[Plan Name](#)

[Eligible Class](#)

General Plan Information

Annual Deductible/Individual
Annual Deductible/Family
Coinsurance
Office Visit/Exam
Outpatient Specialist Visit
Annual Out-of-Pocket Limit/Individual
Annual Out-of-Pocket Limit/Family
Lifetime Plan Maximum

Inpatient Hospital Services

Inpatient Hospitalization

Emergency Services

Emergency Room

Mental Health Benefits

Inpatient Care

Outpatient Care

Alcohol & Substance Abuse

Inpatient Care

Inpatient Hospitalization
Inpatient Detoxification Services

Outpatient Care

Outpatient Services
Outpatient Detoxification Services

Prescription Drug Benefits

Prescription Drug Deductible
Generic

Brand (Formulary/Preferred)

Brand (Non-Formulary/Non-preferred)

Number of Days Supply

Mail Order

Mail Order Mandatory
Generic
Brand (Formulary/Preferred)
Brand (Non-Formulary/Non-preferred)
Number of Days Supply for Mail Order

Other Services and Supplies

Chiropractic Services

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